

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	ACCOUNT OF FIDUCIARY, SHORT FORM <input type="checkbox"/> _____ Annual <input type="checkbox"/> Final <input type="checkbox"/> Interim <small>Number</small>	FILE NO.
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In the matter of _____

1. I, _____, am the _____
Name Title
of the estate and submit the following as my account, which covers the period from _____
Month, day, year
to _____ (may not exceed 12 months).
Month, day, year

COLUMN 1. INCOME AND OTHER RECEIPTS		COLUMN 2. EXPENSES AND OTHER DISBURSEMENTS	
	\$		\$
Total Column 1		Total Column 2	
(enter on line 2b on page 2)		(enter on line 2d on page 2)	

SEE SECOND PAGE

Do not write below this line - For court use only

2. a. Balance on hand from last account (or value of inventory, if first account) \$ _____
- b. Enter Total Column 1 (Income and Other Receipts) from the other side of this form \$ _____
- c. **Subtotal** (add line 2a to line 2b and enter the amount here) \$ _____
- d. Enter Total Column 2 (Expenses and Other Disbursements) from the other side of this form \$ _____
- e. Balance of assets on hand (subtract line 2d from line 2c and enter the amount here) \$ _____
 This line must equal the last line in item 3. (itemize assets below)

3. The balance of assets on hand are:

ITEMIZED ASSETS REMAINING AT END OF ACCOUNTING PERIOD	
	\$
Total balance on hand. This line must equal the last line in item 2.	\$

Note: You must provide copies of financial institution statements for all liquid assets, dated within 30 days of the end of the accounting period, verifying the assets listed above.

4. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition, except as follows: (for each person whose address changed, list the name and new address; attach separate sheet if necessary)

5. This account lists all income and other receipts and expenses and other disbursements that have come to my knowledge.
6. ☐ This account is not being filed with the court.
7. ☐ My fiduciary fees incurred during this accounting period (including fees that have already been approved and paid for this accounting period) are \$ _____. Attached is a written description of the services performed.
8. ☐ Attorney fees incurred during this accounting period (including fees that have already been approved and paid for this accounting period) are \$ _____. Attached is a written description of the services performed.

I declare under the penalties of perjury that this account has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Attorney signature

Fiduciary signature

Attorney name (type or print) Bar no.

Fiduciary name (type or print)

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

NOTE: If the decedent died before October 1, 1993, you must attach proof of inheritance tax paid. If the decedent died between October 1, 1993 and December 31, 2004, you must attach proof of estate tax paid. If the decedent died on or after January 1, 2005, there is no Michigan estate tax or inheritance tax.

For accounts that must be filed with the court.

NOTICE TO INTERESTED PERSONS

1. You must bring to the court's attention any objection you have to this account. The court will not review the account otherwise.
2. You have the right to review proofs of income and disbursements at a time reasonably convenient to the fiduciary and yourself.
3. You may object to all or part of an accounting by filing a written objection with the court before the court allows the account. You must pay a \$20.00 filing fee to the court when you file the objection. (See MCR 5.310[C])
4. If an objection is filed and is not otherwise resolved, the court will conduct a hearing on the objection.
5. You must serve the objection on the fiduciary or his/her attorney.